

## STATEMENT OF ECONOMIC INTERESTS

FOR  
PRINCIPAL INVESTIGATORSD  
y

Campus: San Diego

UCSD #: 2009-0249

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Zhang	Kang		( 858 ) 534-8757
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
Ophthalmology		0946	kangzhang@ucsd.edu
TITLE OF RESEARCH PROJECT			
GALLEY2: Genetic Assessment of early to Late macular degeneration study 2			

## 1. Information Regarding Funding Entity:

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

Genentech

Address of Entity:

1 DNA Way; South San Francisco, CA, 94080

Principal Business of Entity:

Pharmaceuticals

Amount of Funding: \$ 300,000

Estimated  Actual 

## 2. Type of Statement (Check at least one box)

 Initial (for new funding)

Date of initial funding: 8 / 1 / 08

 Interim (for renewed funding)

Funding was renewed on: \_\_\_\_\_

## 3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes 

Title: Consultant

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above?

No  Yes  – value is: \$2,000 - \$10,000  \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  Exceeds \$1,000,000

If you have sold or divested yourself of investments:

Date Divested: \_\_\_\_\_

C. Have you received income of \$500 or more from the entity listed in Part 1 within the last 12 months?

No  Yes  – amount is: \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeds \$100,000Was income received through your spouse or registered domestic partner?  No  Yes

## 3. Filer Information - Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 in the past 12 months?

No  Yes  – highest balance: \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeded \$100,000

If you checked "yes," was the loan:

 Secured  Unsecured Interest rate: \_\_\_\_\_ %

Was the loan entirely repaid within the last 12 months?

 No  Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?

No  Yes  – describe below.

Description: \_\_\_\_\_

AUG 2008

Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

F. Has the entity in Part 1 paid you for your travel?

No  Yes  – describe below.Type of Payment: (check one)  Gift  IncomeAmt: \$ \_\_\_\_\_ date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If applicable)

Description: Hotel rooms for 2 seminars, one night each

## 4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

6/14/08

Date Signed \_\_\_\_\_

(month, day, year)

Signature \_\_\_\_\_

(File the originally signed statement with your university.)

STATEMENT OF ECONOMIC INTERESTS  
FOR  
PRINCIPAL INVESTIGATORS

Please type or print in ink

Campus:

UCSD #

**20100668**

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
<b>Zhang</b>	<b>Kang</b>		<b>858-246-0823</b>
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	E-MAIL ADDRESS
<b>Ophthalmology</b>		<b>0946</b>	<b>k5zhang@ucsd.edu</b>
TITLE OF RESEARCH PROJECT			
<b>HARBOR study</b>			

**1. Information Regarding Funding Entity:**

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

**Genentech, Inc.**

Address of Entity:

**1 DNA Way, South San Francisco, CA 94080-4990**

Principal Business of Entity:

**Pharmaceutical Company**

Amount of Funding: \$ **839,640.00**

Estimated

Actual

**2. Type of Statement (Check at least one box)**

Initial (for new or renewal funding)

Date of Funding: \_\_\_\_\_

Completion Statement

The research project expired on: \_\_\_\_\_

**3. Filer Information**

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes

Title: **Consultant**

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above?

No  Yes  - value is:

\$2,000 - \$10,000  \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  Exceeds \$1,000,000

If you have sold or divested yourself of investments:

Date Divested: \_\_\_\_\_

C. Have you received income of \$500 or more from the entity listed in Part 1 within the last 12 months?

No  Yes  - amount is:

\$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeds \$100,000

Was income received through your spouse or registered domestic partner?  No  Yes

**3. Filer Information - Cont.**

D. Have you received loans from the entity in Part 1 for which the balance exceeds \$500 in the past 12 months?

No  Yes  - highest balance is:

\$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeds \$100,000

If you checked "yes," was the loan:

Secured  Unsecured Interest rate: \_\_\_\_\_ %

Was the loan entirely repaid within the last 12 months?

No  Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?

No  Yes  - describe below

Description of Gift: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

F. Has the entity in Part 1 paid you for your travel?

No  Yes  - describe below

Type of Payment: (check one)  Gift  Income

Amt: \$ \_\_\_\_\_ date(s): \_\_\_\_\_  
(if applicable)

Description: \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have revised this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

**09/10/09**

(month, day, year)

Signature

*[Signature]*  
File the originally-signed statement with your university

**09/10/08**

STATEMENT OF ECONOMIC INTERESTS  
FOR  
PRINCIPAL INVESTIGATORS  
A Public Document

Date Received  
Campus Use Only

Please type or print in ink.

Campus: SAN DIEGO

ID No: \_\_\_\_\_

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Zhang	Kang		( 858 )246.0823
ACADEMIC UNIT OR DEPARTMENT	MAIL CODE	E-MAIL ADDRESS	
Ophthalmology	0946	kangzhang@ucsd.edu	
TITLE OF RESEARCH PROJECT Clinical Assessment Of Age-related Macular Degeneration Patients After Early DiagnoSiS and Treatment with Ranibizum			

**1. Information Regarding Funding Entity**

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

Genentech, Inc.

Address of Entity:

Principal Business of Entity:

Pharmaceuticals

Amount of Funding: \$ 620,000

Estimated  Actual

**2. Type of Statement** (Check at least one box)

Initial (for new funding)

Date of initial funding: UN / UN / 11

Interim (for renewed funding)

Funding was renewed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Filer Information**

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes

Title: \_\_\_\_\_

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above?

No  Yes  – value is:

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Exceeds \$1,000,000

Date Disposed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period?

No  Yes  – amount is:

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeds \$100,000

Was this income received through your spouse or registered domestic partner?  No  Yes

**3. Filer Information - Cont.**

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period? No  Yes  – highest balance:

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       Exceeded \$100,000

If you checked "yes," was the loan:

Secured     Unsecured    Interest rate: \_\_\_\_\_ %

Was the loan entirely repaid within the last 12 months?

No     Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?

No  Yes  – describe below.

Description: \_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

F. Has the entity in Part 1 paid for your travel during the reporting period? No  Yes  – describe below.

Type of Payment: (check one)  Gift     Income

Amt: \$ \_\_\_\_\_ date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If applicable)

Description: \_\_\_\_\_  
\_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/22/11  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your university.)

STATEMENT OF ECONOMIC INTERESTS  
FOR  
PRINCIPAL INVESTIGATORS

Please type or print in ink

Campus:

UCSD #: 18141

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
Zhang	Kang		( 858 ) 534-8757
ACADEMIC UNIT OR DEPARTMENT	MAIL CODE	E-MAIL ADDRESS	
Ophthalmology	0946	kangzhang@ucsd.edu	
TITLE OF RESEARCH PROJECT			
GALLEY2: Genetic Assessment of early to Late macular degeneration study 2			

## 1. Information Regarding Funding Entity:

(Use a separate Form 700-U for each funding entity.)

Name of Entity:

Genentech

Address of Entity:

1 DNA Way; South San Francisco, CA, 94080

Principal Business of Entity:

Pharmaceuticals

Amount of Funding: \$ 300,000

Estimated  Actual 

## 2. Type of Statement (Check at least one box)

 Initial (for new funding)

Date of initial funding: 8 / 1 / 08

 Interim (for renewed funding)

Funding was renewed on: \_\_\_\_\_

## 3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No  Yes 

Title: Consultant

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above?

No  Yes  – value is: \$2,000 - \$10,000  \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  Exceeds \$1,000,000

If you have sold or divested yourself of investments:

Date Divested: \_\_\_\_\_

C. Have you received income of \$500 or more from the entity listed in Part 1 within the last 12 months?

No  Yes  – amount is: \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeds \$100,000Was income received through your spouse or registered domestic partner?  No  Yes

## 3. Filer Information - Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 in the past 12 months?

No  Yes  – highest balance: \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  Exceeded \$100,000

If you checked "yes," was the loan:

 Secured  Unsecured Interest rate: \_\_\_\_\_ %

Was the loan entirely repaid within the last 12 months?

 No  Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?

No  Yes  – describe below.

Description: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

F. Has the entity in Part 1 paid you for your travel?

No  Yes  – describe below.

Type of Payment: (check one)

 1234567890  
 2345678901  
 3456789012  
 4567890123  
 5678901234  
 6789012345  
 7890123456  
 8901234567  
 9012345678

Amt \$ \_\_\_\_\_ date(s): \_\_\_\_\_

 Received  
(if applicable)Description: Hotel rooms for 2 seminars, one night each  
JUL 2009  
Conflict of Interest  
Office

## 4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 6 / 24 / 09  
(month, day, year)Signature:   
(File the originally signed statement with your university)